

### **Questions and Answers Concerning OPT, OSP, & OOT**

1. Q. Who issues initial provider numbers?
  - A. The State Agency (SA) transmits the completed application forms (including a copy of the HCFA-855 Form) to the Centers for Medicare & Medicaid (CMS) via a HCFA-1539 Form. Simultaneously, the SA forwards the original 855 to the fiscal intermediary (FI). After receiving 855 approval from the FI, the SA completes the survey and transmits the survey results with a recommendation to the RO via a HCFA-1539 Form. CMS issues the initial provider number, sends the approval letter to the provider and the HCFA-2007 tie-in notice to the FI. The SA receives a copy of the provider approval letter.
2. Q. Who changes provider numbers if requested on CHOWs?
  - A. For a CHOW, the provider agreement and provider number are automatically assigned to the new owner. If a new owner refuses to accept assignment of the previous owner's provider agreement, this means the provider agreement and number are terminated effective with the CHOW date. The new owner would have to reapply for admission into the Medicare program in order to receive a new provider number.
3. Q. Who approves extension sites, SA or RO?
  - A. Our RO has delegated the authority to the SA to approve or disapprove OPT extensions sites if the primary site is already certified in the Medicare program. CMS is available to provide any necessary assistance. At a minimum, the SA should be evaluating the following information in order to make a determination.
    - ◆ The distance between the primary site and extension site in order to establish that the 60-mile limitation is met.
    - ◆ How the primary site intends to provide oversight and supervision at the extension site.
    - ◆ What services will be offered at the extension site? Any services offered at the extension site must be also be offered at the primary site.
    - ◆ A list of the staff working at the extension location and written evidence that each employee providing rehab services is qualified and holds a professional license number or certification number.
    - ◆ The date that the first Medicare/Medicaid patient was treated by the new extension.

The SA will issue a denial or approval letter to the provider and copy our RO and the FI. If an existing OPT adds a new service, they must notify the SA and provide your office with adequate documentation in order for the SA to make a written determination.
4. Q. Do extension sites need prior approval and do the extension sites need an on-site visit prior to approval?

- A. If an OPT primary site and extension site(s) are coming into the Medicare program at the same time, an on-site survey is required for all locations during the same time period. The effective date is established in accordance with the CFR 489.13.

If the primary site is already certified in the Medicare program, an on-site visit is not required for the addition of an extension site. However, the SA always has the right to survey an extension site prior to approval. If the addition of an extension site is approved for an existing OPT provider, the effective date will generally be whenever the first Medicare/Medicaid patient was provided services by the extension.

5. Q. Can an extension site operate under another name than the parent?
- A. An extension site may operate under another name other than the parent.
6. Q. How many extension sites per parent is allowed?
- A. There is no restriction as to the number of extension sites per primary site.
7. Q. How many extension sites is reasonable to regulate?
- A. The RO has not established the number of extension sites that are reasonable to regulate. However, the SA must be assured that there is adequate oversight provided to extension site personnel by the primary site personnel. Extension site personnel must be familiar with their agency policies and it must be clear that overall supervision of the extension site is by the primary site.
8. Q. What is the mileage limitation between the primary site and the extension site?
- A. There is a 60-mile limitation between the primary site and the extension site(s).
9. Q. What is the process to complete a CHOW? Paperwork and Protocol?
- A. The SA mails a set of initial certification forms (including the 855) to the new owner as soon as possible. The new owner submits the 855 along with any supporting documents to the SA. The SA immediately forwards the original signed 855 to the FI. The FI verifies the 855 and recommends an approval, denial or request for additional information. The SA will simultaneously forward copies of all forms with documentation to the RO for review. The RO has the responsibility for making the determination if a CHOW actually exists. Upon review of all documents, the RO will make the decision as to whether or not a CHOW has occurred. If the RO determines that a CHOW has occurred, the RO waits until it receives the FI's recommendation for the 855 approval before completing the process. When the process is completed, the RO notifies the provider, the SA, and the FI that a CHOW has occurred. If the RO determines that a CHOW has not occurred, the RO sends notification to the same parties.
10. Q. Is a survey recommended after a CHOW has occurred?

- A. If there is any reason to believe that the quality of services have deteriorated following the CHOW or that new locations are being added or that different types of services will be provided, the SA may wish to conduct a survey.